

**All Branches and offices of  
State Bank of India**

Madam / Dear Sir,

**TAILOR MADE FAMILY FLOATER GROUP MEDICLAIM POLICIES:**

- (I) FOR CONTINUING MEDICAL BENEFITS TO THE EXISTING MEMBERS OF SBI RETIRED EMPLOYEES MEDICAL BENEFIT SCHEME (SBIREMBS); AND**
- (II) FOR PROVIDING MEDICAL BENEFITS TO FUTURE RETIREES OF THE BANK AND EXISTING NON MEMBERS OF SBIREMBS**

Please refer to Corporate Centre e-Circular No. CDO/P&HRD-PPFG/78/2015-16 dated 28.12.2015 advising introduction of two Group Mediclaim Policies for SBI retirees (Policy 'A' & 'B'). Both the above policies were launched with the provision for reimbursement of domiciliary treatment for 63 listed ailments to the extent of 100% of the Basic Sum Insured.

**2. Revised Instructions:**

With a view to rationalizing the reimbursement of domiciliary treatment expenses under the both the policies to ensure long term sustainability of the schemes and to avoid anticipated abnormal rise in next year's renewal premium, the Executive Committee of Central Board in its meeting held on 28<sup>th</sup> January, 2016 has approved that reimbursement of domiciliary treatment expenses will be capped at 25% of Basic Sum Insured under Policy-'A' and at 15% under Policy-'B'. Revised plan wise quantum of domiciliary treatment reimbursement and annual premium for the first year for both the policies will be as per the following chart:

<b>POLICY-A</b>								(Rs. in lac)
<b>REMBS Plans</b>	<b>A &amp; A1</b>	<b>B &amp; B1</b>	<b>C &amp; C1</b>	<b>D &amp; D1</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
REMBS Limits	2.00	3.00	4.00	5.00	7.00	10.00	15.00	20.00
Basic Sum Insured under Group Policy	1.00	1.00	2.00	2.00	3.00	3.00	4.00	5.00
Amt. of Domiciliary Treatment @ 25%	25,000/-	25,000/-	50,000/-	50,000/-	75,000/-	75,000/-	1,00,000/-	1,25,000/-
Revised Insurance Premium (Excl. ST +SBB)	3,400/-	4,960/-	6,370/-	7,600/-	9,620/-	12,100/-	15,000/-	18,200/-

<b>POLICY-B</b>								(Rs. in lac)
<b>Plans</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
Basic Sum Insured	3.00	4.00	5.00	7.50	10.00	15.00	20.00	25.00
Amt. of Domiciliary Treatment @ 15%	45,000/-	60,000/-	75,000/-	1,12,500/-	1,50,000/-	2,25,000/-	3,00,000/-	3,75,000/-
Revised Insurance Premium (Excl. ST +SBB)	5,175/-	6,880/-	8,880/-	12,270/-	16,500/-	24,850/-	32,500/-	41,450/-
Differential amount of Premium (Rs.)	402/-	402/-	405/-	407/-	402/-	403/-	1,304/-	805/-

The above modification shall also apply to members for whom the premium has already been paid at pre-revised rate to the Insurance Company on or after 1<sup>st</sup> January, 2016 and the differential amount of premium will be refunded to them.

3. While the existing members of SBIREMBS are permitted to join Group Medclaim Policy-'B' concurrently, the process of joining has been rationalized and following schedule needs to be adhered in this regard:

<b>Sl.</b>	<b>STATUS OF SBIREMBS ACCOUNT</b>	<b>LAST DATE FOR JOINING POLICY 'B'</b>
1	SBIREMBS limit fully exhausted and / or residual limit up to Rs. 1 lac	31.03.2016 by paying full premium.
2	Residual SBIREMBS limit above Rs. 1 lac	Within 3 months from the date when residual limit falls to Rs. 1 lac or below by paying full premium.

4. Prospective members shall now apply through the revised application form (Specimen enclosed in annexure-I) and pay the revised premium for

joining Group Mediclaim Policy-'B'. A list of 'Dos & Don'ts' for Administrative Offices and Branches is enclosed in Annexure-II.

5. All the Administrative Offices will submit required data to PPG Department, Corporate Centre, in the revised format (Specimen enclosed in Annexure-III).

6. All other instructions relating to the schemes shall remain the same.

7. Please bring the contents of this e-Circular to the notice of all concerned.

Yours faithfully,

**(Ashwini Mehra)**  
**Deputy Managing Director &**  
**Corporate Development Officer**

**ANNEXURE-I****REVISED APPLICATION FORM FOR POLICY-'B'**

Chief Manager (HR)  
State Bank of India,  
Zonal office,

\_\_\_\_\_

Affix coloured joint photograph  
of the member and spouse

Dear Sir,

**SUB: Family Floater Group Health Insurance Policy for SBI Retirees**

I am interested in joining the Family Floater Group Health Insurance Policy 'B' of State Bank of India and furnish the required information as under:

<b>Sl.</b>	<b>Particulars</b>	<b>Remarks</b>
01	P.F Index No.	
02	Name	
03	Name of the Bank	<b>SBI/e-SBS/e-SBIN</b>
04	Date of joining the Bank	
05	Date of confirmation in service	
06	Date of Retirement	
07	Retired as	<b>Clerical/Sub-staff/JMGS-I/MMGS-II/MMGS-III/SMGS-IV/SMGS-V/TEGS-VI/TEGS-VII/TEGSS-I/TEGSS-II</b>
08	Age (in years) as on the date of retirement	
09	Gender	<b>i. Male ii. Female</b>
10	Type	<b>i. Pensioner ii. Family Pensioner</b>
11	Category	<ul style="list-style-type: none"> <li>i. SBI retirees on completion of pensionable service in the Bank.</li> <li>ii. Members of National Pension System on completion of 20 years of confirmed service in the Bank.</li> <li>iii. Spouse of SBI employee who died whilst in service or after retirement.</li> <li>iv. Pre-merger retirees of e-SBS and e-SBIN on completion of pensionable service in the concerned Bank.</li> <li>v. Surviving spouses of pre-merger retirees /deceased employees of e-SBS and e-SBIN.</li> <li>vi. Existing member of SBIREMBS, e-SBS REMBS and e-SBINREMBS.</li> </ul>
12	Whether discharged / dismissed / removed / compulsorily retired / terminated from service. (Tick)	Yes / No

13	Whether Rule 19(3) was invoked on attaining the age of retirement (If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed )	Yes / No					
14	Date of Birth	dd/mm/yy					
15	Date of Death (in case of deceased employee / pensioner)	dd/mm/yy					
16	Address for communication	<b>House No.</b>					
		<b>Street No.</b>					
		<b>Nearest Landmark</b>					
		<b>Post Office</b>					
		<b>Police Station</b>					
		<b>City</b>					
		<b>State</b>					
	<b>Pin Code</b>						
17	Landline No. (with STD code)						
18	Mobile No.						
19	Email ID						
20	Name of Spouse (if any)						
21	Date of Birth of Spouse	dd/mm/yy					
22	Name of disabled Child / Children (if any). (Attach valid disability certificate issued by medical officer not below the rank of Civil Surgeon)	<b>Sl</b>	<b>Name of the disabled child</b>			<b>Date of Birth</b>	
						dd/mm/yy	
						dd/mm/yy	
23	Name of the pension/family pension paying branch	<b>Name of the Branch</b>				<b>Code No.</b>	
24	Pension Account No. (11 digit)						
25	IFSC Code						
26	Sum Insured opting for (Please tick the appropriate scheme) <b>ST= Service Tax @14%</b> <b>SBC= Swachh Bharat Cess @ 0.5%</b>	<b>Sl</b>	<b>Plans</b>	<b>Sum Insured</b>	<b>Premium</b>	<b>ST + SBC</b>	<b>Total (Rs.)</b>
		1	A	Rs. 3.00 lac	5,175/-	750/-	5,925/-
		2	B	Rs. 4.00 lac	6,880/-	998/-	7,878/-
		3	C	Rs. 5.00 lac	8,880/-	1,288/-	10,168/-
		4	D	Rs. 7.50 lac	12,270/-	1,779/-	14,049/-
		5	E	Rs. 10.00 lac	16,500/-	2,393/-	18,893/-
		6	F	Rs. 15.00 lac	24,850/-	3,603/-	28,453/-
		7	G	Rs. 20.00 lac	32,500/-	4,713/-	37,213/-
		8	H	Rs. 25.00 lac	41,450/-	6,010/-	47,460/-
<b>Declaration of Nominee/s :</b>							
I, Mr./Mrs./Ms. _____, a retired employee / spouse of the deceased employee / pensioner of the Bank do hereby assign the money payable by <b>“United India Insurance Co. Ltd.”</b> in case of my death to Mr. / Mrs./ Ms. _____ Relation _____ and further declare that his/her receipt shall be sufficient							

discharge of the company.	
<b>Debit Authority :</b>	
I am aware that I along with my spouse and disabled child/children will be eligible for a health insurance cover of Rs. _____ lac under the Family Floater Group Health Insurance policy. I hereby authorize the Bank to debit the annual insurance premium amount of Rs. _____ to my pension / family pension account No. _____ now and to renew the policy every year by debiting the renewal premium as communicated by the insurance company to my above account without further reference to me unless my intension not to renew the policy is informed to at least one month in advance of the renewal date. I undertake to keep sufficient balance in my above account for debiting current insurance / renewal premium failing which the policy may not be issued / renewed. I am also aware that Bank may at its sole discretion can modify the terms and conditions of the policies from time to time.	
<b>Place :</b>	_____
<b>Date :</b>	
<b>Signature of Retired Employee / Spouse</b>	
For office use only	
Certified that Shri / Smt. _____ is a retired employee / spouse of the retired / deceased employee of the Bank and he / she has remitted the insurance premium as per the following details:	
<b>Transaction No.</b> _____	<b>Date :</b> _____
<b>Amount :</b> _____	
<b>State Bank of India</b>	
<b>Name of the Forwarding Branch (Code No.):</b>	
<b>Place :</b>	_____
<b>Date :</b>	
<b>Signature of the Branch Manager with seal</b>	

.....  
**ACKNOWLEDGEMENT**

(to be given to the applicant by the branch receiving the Form)

Received from Shri/Smt. \_\_\_\_\_

Application for membership of Family Floater Group Mediclaim Policy 'B' along with Insurance Premium including Service Tax and Swachh Bharat Cess of Rs. \_\_\_\_\_ for onward submission to Admin Office.

Date \_\_\_\_\_

Branch \_\_\_\_\_

Stamp of the Branch

Signature of the officer  
receiving the Form

## ANNEXURE-II

### 'Do's & Don'ts' For Pension Paying Branches and Administrative Offices

#### Do's

<b>PENSION PAYING BRANCHES</b>							
1	Revised Application Form (as per Annexure-I) should be used (one copy only).						
2	The branches will arrange to provide the prescribed application forms (as per Annex-I) to intending pensioners and to accept the completed application forms.						
3	The branches will debit applicants' accounts with correct amount of revised insurance premium along with service tax @ 14% & Swachh Bharat Cess @ 0.50% <b>(rounded off to nearest rupee)</b> and credit the same to the current account opened by the concerned Administrative Office.						
4	After debiting the insurance premium, the branches should mention the journal number, amount and date in the application forms and forward the same to their respective Administrative Offices for further action.						
5	Tear off portion of the application form should be signed and given to the applicant as acknowledgement.						
<b>ADMINISTRATIVE OFFICES</b>							
1	All the AOs will advise the number of the new Bank account opened by them for collection of insurance premium for Policy-'B' to all the pension paying branches under their control and to PPG Department, Corporate Centre.						
2	AOs will ensure that applicants are not discouraged at pension paying branches under their control.						
3	As per the revised instruction, hard copy of the Application forms should be retained at AOs for record purpose and only data to be reported to PPG Department, Corporate Centre through email at <a href="mailto:dgm.pm@sbi.co.in">dgm.pm@sbi.co.in</a> .						
4	Revised format (as per Annexure-III) should be used for reporting the data.						
5	On receiving the hardcopy of the application forms from pension paying branches AOs will verify correctness of the same and enter the necessary details in the prescribed excel format (as per Annex-III) and send the same to PPG Department, Corporate Centre, through email at fortnightly intervals at <a href="mailto:dgm.pm@sbi.co.in">dgm.pm@sbi.co.in</a> and transfer the collected premium on consolidated basis (single entry) to the Main Collection account No. 35411898837 maintained at SBI Madame Cama Road Branch simultaneously. <table border="1" data-bbox="305 1675 1490 1829"><thead><tr><th><b>For applications processed during</b></th><th><b>Data should reach to PPG Deptt. Corp. Centre</b></th></tr></thead><tbody><tr><td>1<sup>st</sup> day* to 14<sup>th</sup>* day of the month</td><td>14<sup>th</sup>* or 15<sup>th</sup>* day of the month before 12 pm</td></tr><tr><td>15<sup>th</sup> day* to 29<sup>th</sup>* day of the month</td><td>29<sup>th</sup>* or 30<sup>th</sup>* day of the month before 12 pm</td></tr></tbody></table>	<b>For applications processed during</b>	<b>Data should reach to PPG Deptt. Corp. Centre</b>	1 <sup>st</sup> day* to 14 <sup>th</sup> * day of the month	14 <sup>th</sup> * or 15 <sup>th</sup> * day of the month before 12 pm	15 <sup>th</sup> day* to 29 <sup>th</sup> * day of the month	29 <sup>th</sup> * or 30 <sup>th</sup> * day of the month before 12 pm
<b>For applications processed during</b>	<b>Data should reach to PPG Deptt. Corp. Centre</b>						
1 <sup>st</sup> day* to 14 <sup>th</sup> * day of the month	14 <sup>th</sup> * or 15 <sup>th</sup> * day of the month before 12 pm						
15 <sup>th</sup> day* to 29 <sup>th</sup> * day of the month	29 <sup>th</sup> * or 30 <sup>th</sup> * day of the month before 12 pm						
<b>*in case the material days are holidays, effect should be given on immediately preceding working days.</b>							

## Don'ts

<b>PENSION PAYING BRANCHES</b>	
1	Old Application Forms should not be used. Branches should not insist for more than one copy of application form
2	Application without PF Index No. should not be accepted.
3	PPBs should not refuse to accept application forms tendered by intending pensioners.
4	Amount of Insurance Premium + ST & SBC should not be in fraction or decimal
5	PPBs should not directly credit the premium amount to the Main Premium Collection account maintained at Madame Cama Road Branch
6	PPBs should not raise any debit to the Main Premium Collection account maintained at Madame Cama Road Branch.
<b>ADMINISTRATIVE OFFICES</b>	
1	AOs should not forward the hard copy of the application forms received from pension paying branches- instead they should retain these for record.
2	Old data reporting format should not be used.



**REVISED FORMAT FOR SENDING DATA TO CORPORATE CENTRE BY ADMINISTRATIVE OFFICES**

To,  
 The Deputy General Manager (PM & PPG),  
 PM & PPG Department, State Bank of India, Corporate Centre,  
 16<sup>th</sup> Floor, State Bank Bhavan, Madame Cama Road, Mumbai

**DETAILS OF INSURED PERSON ALONG WITH APPLICABLE PREMIUM**

ADMINISTRATIVE OFFICE : \_\_\_\_\_ CODE NO. \_\_\_\_\_ CONTACT No. \_\_\_\_\_  
 APPLICATIONS RECEIVED / PREMIUM COLLECTED DURING THE PERIOD : \_\_\_\_\_ TO \_\_\_\_\_ DATE OF COMMENCEMENT OF INSURANCE COVER \_\_\_\_\_

Risk Name	Name of the insured person	Relationship	Gender (M/F)	Marital status	DOB (DD/MM/YYYY)	Age in completed years	Name of the Nominee	Relationship with Nominee	Employment Code (PF Index No.)	Sum Insured	Basic Premium	Service Tax +SBC	Premium inclusive of ST + SBC	Date of payment of premium	Address	City	State	Pin Code	Mobile No. / Landline No.	Email ID	SBI Pension A/c No.	Branch Name	IFSC Code
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Person	Member's name	Self																					
	Spouse's name	Wife/Husband																					
	Disabled child's name	Son / daughter																					
<b>TOTAL</b>																							

**Please note:**  
 The above data should be emailed to PPG Department, Corporate Centre at [dgm.pm@sbi.co.in](mailto:dgm.pm@sbi.co.in)  
 Applications / Premium received during 1<sup>st</sup> day to 14<sup>th</sup> day of the month will be covered from 16<sup>th</sup> day of the month  
 Applications / Premium received during 15<sup>th</sup> day to 29<sup>th</sup> day of the month will be covered from 1<sup>st</sup> day of the next month

Date : \_\_\_\_\_

\_\_\_\_\_  
**CHIEF MANAGER (HR)**

